MEMORIAL NURSING & REHAB CENTER

135 S GIBSON ST

MEDFORD 54451 Phone: (715) 748-8100		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/04):	96	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	101	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	95	Average Daily Census:	93

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%	
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year   1 - 4 Years	33.7 47.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0		6.3	1 - 4 lears   More Than 4 Years	18.9
Day Services	No	Mental Illness (Org./Psy)	24.2	65 - 74	8.4		
Respite Care	Yes	Mental Illness (Other)	15.8	75 - 84	26.3		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	45.3	*******	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.7	Full-Time Equivalent	
Congregate Meals	No	Cancer	5.3			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	4.2		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	36.8	65 & Over	93.7		
Transportation	No	Cerebrovascular	3.2			RNs	12.9
Referral Service	No	Diabetes	7.4	Gender	%	LPNs	2.8
Other Services	No	Respiratory	1.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	2.1	Male	29.5	Aides, & Orderlies	34.9
Mentally Ill	No			Female	70.5		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	2		amily Care		]	Managed Care	Į.		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	149	72	100.0	149	0	0.0	0	14	100.0	161	0	0.0	0	4	100.0	149	95	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		72	100.0		0	0.0		14	100.0		0	0.0		4	100.0		95	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/04
Deaths During Reporting Period		 			% Needing		Total
Percent Admissions from:		Activities of	8		sistance of	% Totally	Number of
Private Home/No Home Health	16.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.1		68.4	29.5	95
Other Nursing Homes	6.0	Dressing	12.6		69.5	17.9	95
Acute Care Hospitals	71.4	Transferring	27.4		62.1	10.5	95
Psych. HospMR/DD Facilities	0.0	Toilet Use	18.9		63.2	17.9	95
Rehabilitation Hospitals	0.0	Eating	64.2		25.3	10.5	95
Other Locations	6.0	*******	******	*****	******	*******	*****
Total Number of Admissions	84	Continence		%	Special Treatm	ments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	15.8	Receiving Re	espiratory Care	9.5
Private Home/No Home Health	6.0	Occ/Freq. Incontinen	t of Bladder	38.9	Receiving Tr	racheostomy Care	4.2
Private Home/With Home Health	26.5	Occ/Freq. Incontinen	t of Bowel	34.7	Receiving Su	actioning -	2.1
Other Nursing Homes	0.0	į			Receiving Os	stomy Care	2.1
Acute Care Hospitals	7.2	Mobility			Receiving Tu	-	9.5
Psych. HospMR/DD Facilities	1.2	Physically Restraine	ed	2.1	Receiving Me	echanically Altered Diets	23.2
Rehabilitation Hospitals	0.0	İ			3	•	
Other Locations	7.2	Skin Care			Other Resident	t Characteristics	
Deaths	51.8	With Pressure Sores		8.4	Have Advance	e Directives	87.4
Total Number of Discharges		With Rashes		17.9	Medications		
(Including Deaths)	83				Receiving Ps	sychoactive Drugs	60.0

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

	This	Other	Hospital-	I	A11
	Facility	Based F	Based Facilities		ilties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.1	91.7	1.00	88.8	1.04
Current Residents from In-County	90.5	85.3	1.06	77.4	1.17
Admissions from In-County, Still Residing	32.1	14.1	2.28	19.4	1.66
Admissions/Average Daily Census	90.3	213.7	0.42	146.5	0.62
Discharges/Average Daily Census	89.2	214.9	0.42	148.0	0.60
Discharges To Private Residence/Average Daily Census	29.0	119.8	0.24	66.9	0.43
Residents Receiving Skilled Care	100.0	96.2	1.04	89.9	1.11
Residents Aged 65 and Older	93.7	90.7	1.03	87.9	1.07
Title 19 (Medicaid) Funded Residents	75.8	66.8	1.14	66.1	1.15
Private Pay Funded Residents	14.7	22.6	0.65	20.6	0.72
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00
Mentally Ill Residents	40.0	32.7	1.22	33.6	1.19
General Medical Service Residents	2.1	22.0	0.10	21.1	0.10
Impaired ADL (Mean)*	46.3	49.1	0.94	49.4	0.94
Psychological Problems	60.0	53.5	1.12	57.7	1.04
Nursing Care Required (Mean)*	9.6	7.4	1.30	7.4	1.29